

Reference Form

Applicant Name:

To be completed by the reference:						
In what capacity do you know this applicant?						
How long have you known this applicant?						
Please rate the applicant's ability and competence in comparison with other individuals whom you have						
known.						
	Exceptional (Top 1%)	Outstanding (Upper	Average (Upper	Below Average	Inadequate knowledge	
		10%)	50%)	(Lower 50%)	to rank	
Adaptability				,		
Ability to follow instructions						
Ability to work under pressure						
Ability to handle negative or constructive feedback						
Communication skills- oral						
Communication skills- written						
Emotional maturity						
Initiative						
Motivation						
Integrity						
Interpersonal skills						
Punctual						
Dependable						

We understand that no one is perfect. What are the applicant's three (3) key areas for improvement?

What three (3) of the applicant's greatest strengths?

Please indicate your overall endorsement of the applicant:						
□ Recommend Highly	□Recommend	☐Recommend with reservation				
Your name:	Position/Title:(please print)					
Organization:	(ptease print)					
Organization.	Department	Institution				
Address:						
Signature		Date:				
Phone:	E	mail:				

Thank you for providing this valuable information!